PTC/SB/17 (12-04)
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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
					etion Number	10/674,570			
FEE TRANSMITTAL				Sino			September 30, 2003		
rcc II	NAZ	DIVII	IAL	First N	lamed Inventor	M	ichaluk et al.		
Fo	r FY	2005		Exam	iner Name	Stev	en H. Versteeg		
Applicant Claims small entity status. See 37 CFR 1.27				Art U	nit		1753		
TOTAL AMOUNT OF PAYMENT (5) 100.00				Attom	ey Docket No.	CPM02073 (3600-404-01)			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number 03-0080 Deposit Account Name: Cabot Corporation									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Cradit any overpayments									
under 37 CFR 1.16 and 1.17 WARRANG: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and									
authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAF					F-V 44				
	FILING FI	EES nell Entity	SEARCH Sn	REES mell Entity	EXAMINAT Sm	ION FEES all Entity			
Application Type		Fee (\$)		Fee (\$)	<u>500</u> Fee (\$)	Fee (\$)	Fees Paid (5)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	2.0	0	0			
2. EXCESS CLAIM FEE		.00	•	•	v	•	Small Entity		
Fee Description	•						Fee (\$) Fee (\$)		
Each claim over 20 or, fo							50 25		
Each independent claim	-	r Reissues, eac	ch independe	ent claim mon	e than in the orig	ginal patent	200 100		
Multiple dependent clair	-		•	Can Part a -		10.45-1-0	360 180		
Total Claims 29 -27 or HP=	Extra Claims			Fee Paid (\$) 100.00		Multiple Dependen Fee (5)	t Cleima Fee Paid (5)		
HP = highest number of total dai		_ ^	<u> </u>	10400		- WY THE			
Indep. Claims	Extra Claims		5) 1	Fee Paid (\$)		 -			
2 -3orHP=	0	×	•						
HP = highest number of indepen	-	tor, if greater them t	•						
3. APPLICATION SIZE		- 100 t	-6	o m==*!*	dun for a	601A M15-	in and the A		
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Total Sheets	ou sneets or : Extra Sha				(C) and 37 CFF Confraction there		Fee Paid (\$)		
-100		<u>, 50</u> =			a whole number)	X			
4. OTHER FEE(S)					,		Fees Pald(\$)		
Non-English Specia	fication, S	3130 fee (nos	mall entity d	liscount)					
Other:									
SUBMITTED BY									
Signature -	De B.	201		gistration No.	33,251	Telepho	one 540-428-1701		
O	ie A. Kilyk	~~ \	See (Atta	omey/Agent)		Date	March 11, 2005		
		7 CEP 1 110 -	o Infare	e mandrad to -t-	oln or entale a b				
process) an application. Confi	dentiality is gov	remed by 35 U.S.	C. 122 and 37	CFR 1.14. This	collection is estimat	ad to take 30 minutes	n is to file (and by the USPTO to to complete, including gathering		
Dreparing, and submitting the	completed acc	lication form to t	MA USPTO, TIM	ne will very dece	nding upon the Indi	vidual case. Any comi	ments on the amount of time you tent and Trademark Office, U.S		

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office,	Fax No. 1
703-872-9306 on March 11, 2005.	

Donald S. Prater Name (Print)

PAGE 2/13 * RCVD AT 3/11/2005 3:16:29 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:5404281721 * DURATION (mm-ss):12-06 03/28/2005 DFLOYD 00000002 030060 10674570

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